



SWP 26/92 MANAGEMENT IN GENERAL PRACTICE - 2
A SELECTION OF ARTICLES



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Management in General Practice 2

A selection of articles published in the medical journal Fundholding

by

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INTRODUCTION TO MANAGEMENT IN GENERAL PRACTICE

General Practice is the gateway to the National Health Service. It is responsible for the provision of a comprehensive range of health promotion services and preventative and reactive primary health care. When it operates smoothly there is no better example of multidisciplinary team-work. But patient expectations are rising all the time and the pressure on doctors to become more patient or consumer orientated has never been greater. General practice is no longer just a vehicle to enable doctors to practice medicine. Increasingly practices are becoming community health resources that need pro-active management.

The quality of patient care and service is a major issue for doctors, their patients and the Family Health Service Authority (FHSA). The quality depends on the whole practice team. Recent changes in the National Health Service have made it imperative that good medical care is linked closely to sound management of all the resources of the practice.

At the same time General Practice is becoming more competitive. GPs now have a monetary incentive to increase the size of their patient list. Patients are being encouraged to "shop around" when they move to a new area. They are being encouraged to expect more from their doctor and, if the level of service is not forthcoming, to complain or change doctors. FHSAs not only undertake medical audits, they also undertake surveys of patient service. Those who cannot deliver the appropriate quality of patient care and service will find it increasingly difficult to survive. Those who can will find many opportunities for expansion.

Excellence of patient care and service does not happen by chance, it needs careful planning and continuous management. It needs to be properly organised at all levels of the practice and requires committed team work. It is not a one-off activity but an on-going process that needs continuous monitoring.

This selection of articles published in the professional medical journals reflects the increasing interest in general practice as a small business. In the past GPs have never needed to develop their skills in managing their professional and support staff. What is more their "style" of management, whilst appropriate to the consulting room, may well be inappropriate when it comes to developing and controlling an effective practice team. These articles reflect the need of doctors to acquire "basic" management skills across a spectrum of disciplines, but particularly in the area of people management. They reflect a statement of best management practice applied to the general practice situation.

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The Business Plan: Core Values and Mission Statement

The Business Plan tells you where you want to go and how you are going to get there

A business plan is essential if a business is to function effectively. It provides direction, then helps you monitor and control progress to ensure safe arrival at your chosen destination. As practices take on greater responsibility for primary health care or grow in size, the need for a business plan is magnified. For a fund holding practice a business plan is essential.

To formulate an effective business plan, you must answer three main questions:

- Where are you - what is your business good and bad at doing and what opportunities and threats does it face?
- Where would you like to go - what would you like the business to progress into?
- How can you get there - what must you do in order to achieve your selected goals?

Assessing The Practices' Strengths and Weaknesses

Honestly appraise your practice. Look at it from the patients view point. Use questionnaires and surveys to evaluate you and your partners, your staff, the practise environment, technology, your administration. Repeatedly ask yourself, "What are we good at?" and "What are we bad at?" Elicit the views of your staff to broaden the perspective to your assessment.

The plan aims to build upon the business strengths, whilst addressing the issues surrounding areas of weakness. It is often easier to diagnose a weakness than to prescribe a remedy. It is the art of management which facilitates that step.

Mission Statement

The mission statement is central to the entire planning process. It is a declaration of core values, defining the boundaries of the practice and how you want it to develop. This is

likely to include elements of patient care and service, but it may also include commercial elements like growth or profitability. If too wide or unrealistic, the statement is rendered meaningless. It must be narrow enough to provide a focus for the practises' activities, yet not so channelled as to restrict the realisation of its potential. It must portray what you *want* the business to achieve, not what you perceive it *should* achieve. However, it must also contain a vision that will help motivate your staff.

One practice developed the following mission statement:

"To provide the *best possible* health care for patients at all times by responding to their *needs*, providing *accessible* medical and *anticipatory* care of the *highest quality* and doing all that is possible to *improve the social environment of the community*."

Notice how this mission statement places patient "need" at its centre. If the practice does not have a grasp of those needs it will have to find out what they are. Notice also the words "accessible" - which implies something about patient waiting times, and "anticipatory" - which implies something about a proactive approach to health care. The vision is contained in the words "the best possible" and "highest quality". They describe a standard that the practice would like to achieve. Having described that standard, the practice needs to translate it into quantifiable objectives that can be measured and evaluated.

Objectives

Objectives reflect the mission statement. They should build on the practice strengths as a spring board for progress, whilst harbouring the weaknesses, as you seek to meet the longer term mission. Objectives quantify not only what you want to achieve, but also what you believe you can achieve. A collection of objectives combine to form a yardstick against which your performance can be evaluated. They both define where you are going and provide a means of signalling when you have arrived.

Objectives must be:

- quantifiable and measurable
- bounded in time
- realistic and achievable

For example, the practice mentioned earlier decided it did not know what its patients needed so it decided to set itself the objective of finding out by undertaking a patient and community survey in the coming year. The issue of accessibility was addressed by specific targets for appointment and waiting times for different types of patient. The same practice set itself certain objectives regarding the surgery building itself, which the partners regarded as in need of refurbishment.

Strategy, Tasks, and Actions

The mission statement facilitates the setting of objectives. Both are "what" statements. They define what you want to achieve. The next phase of the business plan is to translate them into "how to" statements specifying the tasks in which you need to engage in order to achieve your objectives. Tasks underpin the strategy necessary to fulfil your objectives. Strategy refers to the course of action that involves coordinating the different management functions - marketing, accounting, operations, personnel management.

The strategy need not be complicated. It should be possible to simplify it into a series of manageable, component tasks which collectively allow you to realise your objectives. Goals will only be achieved, however, if the tasks themselves are broken down even further into specific details which dictate "what you will be doing Monday morning". This level of detail is known as an *action plan*.

Business Needs

The next phase of the plan is to quantify your business needs with respect to staff, equipment and financial resources. Finally, the business plan must be supported by detailed financial budgets. These include profit and loss accounts, cash-flow forecasts and balance sheets and express the financial implications of the entire planning process.

Typical Elements of the Business Plan

- Practice Profile including support services
- Resources and Systems in the Practice
- Practice Strengths and Weaknesses
- Mission Statement and Objectives
- Practice Needs
- Practice Budgets

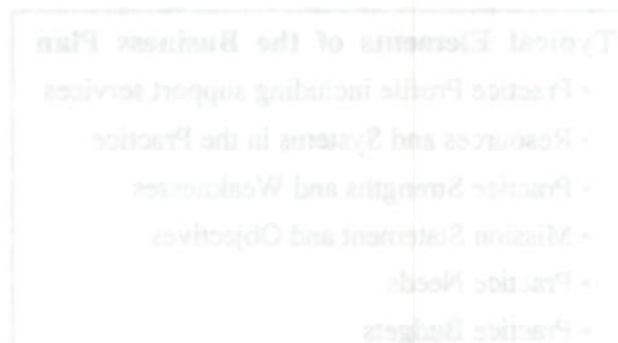
Summary

Planning begins by evaluating your strengths and weaknesses - deciding where you are. Then you go on to develop a mission statement - a vision of where you want to go and what you want the practice to become.

Coming out of the mission statement are quantified objectives which are bounded in time, realistic and achievable. They tell you in detail where you are going and enable you to gauge how near to arrival you are. Both mission statements and objectives are "what" statements.

Tasks and actions are "how to" statements. They describe how you are going to achieve the objectives you have set yourself. Tasks come out of the appraisal of different strategies. Actions convey tasks in greater detail.

Your business plan comprises all of these elements. In addition it will contain detailed practice needs and budgets. When completed, it will act as an invaluable map showing you where you want the practice to go and charting how you can get there.



Total Quality Management - A blinding flash of the obvious

"Quality, above all, is about care, people passion, eyeball contact, and gut reaction." Practicing medicine is about all these things. TQM may appeal to General Practice.

What is it ?

Quality management is arguably the most successful and talked about approach to managing organisations at the present time. It is widely implemented in both manufacturing and service industries and, increasingly, in the public sector. TQM - Total Quality Management - is the jargon with a serious message. The trouble with jargon is that it gets in the way. One literal definition of quality is 'basic nature', another is 'excellence; superiority'. In his book 'In Search of Excellence' Tom Peters, the quality 'guru', talks about going back to basics, common sense, values, and respect for people, whether they are your colleagues, staff or customers. He talks about listening to people before acting and paying attention to detail. If you think there is nothing new there he will be the first to agree with you. Other management techniques and approaches have been geared towards finding ways to achieve maximum efficiency and effectiveness - TQM is no exception. If you put these two 'obvious' things together you get a working definition of TQM - providing the service your customers have asked for, using all of the abilities of your staff, at the most efficient cost to the organisation.

What does it involve ?

TQM is not a process. It represents a real commitment to a philosophy and a way of working. The philosophy recognises the need to focus the resources of the organisation through its staff and customers. The best description of how it goes about doing that is 'first time, next time, every time - there is no room for excuse or shoddy workmanship'. Putting it into practice involves developing a clear strategy ("We want to do it"), being thorough about planning ("This is how we will do it") and evolving working practices that can deliver the desired outcome ("Doing it"). It includes the development of appropriate methods for measuring effectiveness at all levels of the organisation and across all functions. Companies which have taken the concept on board report increased customer satisfaction per £ of resources. Tangible

benefits include shared understanding of what the organisation wants to achieve and where it is going, value for money, higher job satisfaction, and less day-to-day hassle!

Can it be applied 'piecemeal' ?

TQM is not about a 'quick fix'. Introducing initiatives like quality circles, suggestion schemes or statistical process control as one-off activities is like treating symptoms without tackling the disease. Quality management is not the same as customer service. Customer service is about giving people the highest level of service possible while TQM aims to provide a service tailored to the customers requirements. The two are not necessarily the same. Quality management is not the same as quality assurance. Although quality assurance makes an important contribution to TQM you could be losing patients in their droves and still conform to the British Standard 5750 (or its international equivalent ISO 9000 series). TQM is the broad approach that links systems, processes and people to the strategic planning process and delivery activities.

A framework for TQM in the Health Service

Whatever your view of the White Paper proposals, the NHS programme of action set out to achieve two main objectives. The first was to give the community better health care and a greater choice of services. The second was to create an environment for NHS staff which would offer them greater job satisfaction and rewards for a more flexible response to local needs. One of these, for example, would be the financial incentive offered to GPs for increased patient lists. The NHS was clearly setting out a policy which required involvement and commitment from staff and patients alike to make it work. In addition it has also had to introduce some new ways of measuring the effectiveness of this new approach. These 'measures' include the controversial local targets for general practices. The changes brought about by the 1990 contract gave patients the opportunity to influence the range and quality of local services. GPs were given the responsibility of delivering those services, and accountability for how this was done.

TQM and General Practice

However, excellence of healthcare and service does not happen overnight or by chance. A recent study on the impact of the contract changes asked GPs to specify what they had done to meet the contract requirements. The following is an extract showing the top six administrative and clinical changes.

Administrative changes

- 1 Employed extra staff, or existing staff for longer hours.
- 2 Installed new, upgraded or expanded, computer system.
- 3 More detailed patient records.
- 4 Collection and recording of statistics for reports, claims etc.
- 5 Production of practice documentation, e.g. leaflet, staff contracts, claims forms.
- 6 More efficient use of staff - redefined job descriptions, retrained etc.

Clinical changes

- 1 Added clinics - elderly, well-woman etc.
- 2 Increased home visits.
- 3 Minor operations register and facilities.
- 4 Complete revision of surgery hours and clinics.
- 5 Altered consultation times - longer surgeries.
- 6 Increased community awareness of preventive medicine.

Clearly there have been changes in the way general practice works and behaves. The introduction of TQM is invariably accompanied by the need for change in attitudes and, often major, shifts in working patterns and behaviour. GPs are good at responding to demand- they have to deal with the fluctuation in primary demand to ensure a smoother input into hospitals. They have also introduced new services and working practices as a direct result of patient need, e.g. contraceptive services and the use of practice nurses. The present climate, albeit fraught with tensions, could be considered an ideal environment for making a commitment to TQM.

Improved community satisfaction

GPs express a commitment to providing their patients with advice and treatment that is up-to-date and effective. They constantly strive to keep pace with changes in treatments and advances in medical science and quite rightly consider their clinical expertise to be of major importance in their practice. Paradoxically the patient rarely questions the quality of the practice's clinical and medical procedures although they too are becoming more aware of possibilities and less afraid to ask questions. They are in fact more likely to offer criticism about draughty waiting rooms or lengthy waiting times. These are the 'non-clinical' services provided by the practice and are just as important to the overall provision. Service quality is about creating value for patients through offering well targeted services, total quality is about delivering the most effective service to the community, at the most efficient cost to the practice. In the first instance this means being clear about what you will offer and how the practice will deliver. It also means that you will need to be flexible about structures, systems and procedures since they will change to continuously improve performance.

Efficiency of savings

Although General Practice is often seen as the gateway to the NHS, and in many instances provides the main interface with the public, the resources it has available to meet its objectives are limited. It is not unreasonable to expect these resources to be used in as efficient way as possible or that GPs should accept responsibility for organising their practices to meet the challenge. There is a balancing argument for measuring the use of resources which is just as applicable in General Practice as it is to industry. There is nothing more demoralising nor more likely to cause a drop in the standard of performance than to set a task and not provide the right level of resourcing. Establishing that there is a shortfall between the service which **should** be provided and the service which is being provided is not necessarily an indictment of the efficiency of those responsible for delivery. The nature of the shortfall may indicate a policy flaw or a resource shortage. The main point being that the source of the problem becomes identifiable and can be put right. If GPs were to embrace TQM and measure their contribution to the NHS services as a whole, they may produce some strong arguments of their own for

changing 'the system'. The NHS recognises this by giving GPs accountability as well as responsibility.

What to look for ?

Service quality is essentially about four things.

- 1 Comparing the community's expectations of the service *before* they receive it to their actual experience.
- 2 Paying attention to *how* the clinical and non-clinical services are carried out.
- 3 Recognising that the above services are the normal day-to-day operation, but that mistakes are bound to happen and addressing them appropriately is also part of the overall service.
- 4 Understanding that when problems happen they have to be treated with the same level of care and attention as the everyday service.

The summary below lists the main ingredients which of service quality. Although the list was compiled after extensive research into service industries you will see that all of the factors fit comfortably with General Practice.

- Reliability - first time, every time.
- Responsiveness - everyone must be ready and willing to provide the service.
- Competence - everyone must have the knowledge and skills to undertake their part of the overall task.
- Access - making it easy and convenient for the patient to access the services offered by the surgery.
- Courtesy - "do unto others" - there is nothing old-fashioned about encouraging politeness, respect, and consideration. Looking at the patient's point of view and accepting the shortcomings of the practice (owning the problem) shows commitment to continuous improvement.
- Credibility - the reality that fulfils the promise.

- **Security** - ensuring physical safety, confidentiality, etc. Leaving no room for doubt.
- **Understanding the customer/patient** - knowing the patient's requirements and providing 'individual' attention.
- **Tangibles** - physical evidence of the service itself.
- **Communications** - listening to the 'voice' of the community, acting on their feedback and ensuring that you share all information with them in a language they understand.

For some time now GPs have been responding to the changes in their contracts and have shown themselves to be flexible and responsive in the past. The introduction of TQM as an approach in General Practice would also mean working and behaving differently but the current climate offers an opportunity to embrace the approach. With its undoubted 'people' orientation TQM may appeal as a philosophy and could provide GPs with the instruments for judging their contribution to the service as a whole.

The Business Plan: Putting it Together

Business plans can help you "sell" your practice

A Business Plan sets objectives for the practice. It defines where the practice is now, where it wants to go and how it can get there. By segmenting goal achievement into the execution of tasks and actions, the business plan monitors overall progress and signals when you have arrived. It should help you gain support for your plans both within and without the practice. Ultimately it provides a basic management tool for control, feedback and delegation. However, recognising the importance of a business plan is only an initial step. For it to increase practice effectiveness, it must be implemented.

What Goes Into The Business Plan?

A standard plan does not exist - every practice is unique and hence so should be its plan. However, it is possible to provide guide-lines with regard the plan's format and content. A typical plan will contain the following elements:

- Practice profile, including support services.
- Resources and systems in the practice.
- Practice strengths and weaknesses.
- Practice plans.
- Practice needs.
- Practice budgets.

Practice Profile

The practice profile describes the patients and the community that it serves. This should be a general description, including socio-economic information, but more particularly it should describe the particular health care needs the community has. One practice decided that it did not know enough about the community and its health care needs and therefore commissioned its Public Health Nurse to undertake a survey. It also started using local Counsellors for community feedback.

Resources and Systems

Start by listing and briefly describing all the staff. You should include attached Health Authority staff and any visiting specialists such as psychologists, chiropodists etc.. List and describe the other resources the practice has starting with the surgery itself. Do you or the Health Authority own it? When was it built? What condition is it in? Describe the

medical and administrative equipment you have. Are there particular pieces of medical equipment that it is unusual for a practice to possess? Do you have a full complement of computers and which of your systems are computerised?

Strengths and Weaknesses

It is always difficult to be objective about what you are good and bad at, so try asking others, particularly you patients. One practice commissioned its local College of Higher Education to undertake a survey into what patients thought of current services and how they could be improved. The College called the project "market research", a term that was a bit of an anathema to many of the doctors in the practice.

Your strengths might include a dedicated, cohesive and motivated team, a generally well equipped practice, good community links, successful attainment of targets etc.. Your weaknesses might include a building in need of refurbishment, poor financial information, inadequate clinical audit, conflicting values within the partnership group etc.. Whatever they are you need to approach the task of appraising the practice honestly and objectively.

Whilst looking at the practice strengths and weaknesses you should also consider the opportunities and threats that face the practice. Fund holding may offer you the opportunity to generate more resources for the practice. On the other hand, the conflicting values within the partnership group may generate the threat of disruption.

Mission Statement and Objectives

These were discussed in our last article. They are of fundamental importance. The objectives are the milestones against which you will judge the achievements of the practice in the coming year. They must be realistic challenges that your staff can feel motivated to strive to achieve. They should play to the strengths of the practice, but equally address its weaknesses.

Practice Plans

These are the detailed plans about how you will go about meeting your objectives. They detail the route you will go down to arrive at your milestones. Inevitably your plans will include organisational and human resource issues since general practice is very much a "people business". You may, for example, decide to allocate partners specific areas of responsibility or decide to appoint a Nurse Practitioner to undertake anticipatory and reactive care work. You may decide that staff need special training or to reorganise the various staff meetings that you hold. Your plan might also address issues like quality of

service and care. It may, on the other hand, address in detail problems that you are facing in the administration of health care. In other words, your practice plan must address all the objectives that you set for the practice so that your staff know how their working practices might change.

Practice Need

These relate to staff, equipment and resources. Once evaluated, they can be translated into the financial requirements of the practice and supported by detailed profit and loss, cash flow and balance sheet forecasts. This detail is essential to assure you that the plan hangs together and that you have the resources to implement it.

Length and Format

Keep it short! Any business plan should be sufficiently long to cover the subject adequately, yet brief enough to maintain interest. It should be restricted to 10-15 pages.

The use of charts, graphs and diagrams should increase understanding and interest. In many ways it is a selling document both for you and your practice, so make it look professional.

Preparing for Change in General Practice

Change is inevitable in the practice of today but are you managing it effectively?

It is inevitable that the General Practice of today will be a very different organisation at the end of this decade. The first wave fundholders are already working with different goals and procedures. Whether or not you have welcomed the changes, you will have to deal with them, sooner rather than later.

Reacting to change

For many doctors accepting the changes to their contract has meant changing the way the practice works. For some it has been a minor task. For others, a major upheaval. Understanding change and the effects it can have may help GPs prepare their practices for the task ahead.

Any change is threatening and everyone copes with it in different ways. Resistance is natural, particularly if change is uninvited or seems to involve more work for little reward. The people who have to make the changes happen have to anticipate, understand and cope with the resistance that arises. It is crucial to identify which people will offer resistance and how that will manifest itself. The level of resistance will depend on the ability and willingness of individuals affected to accept change and adapt to it. Ideally, everyone should be encouraged to see change in a positive light, accept it as part of their everyday lives and plan for it.

Resistance to change

There are four common reasons why people resist change:

1. Self-interest - threat of loss e.g. status, ego, job.
2. Lack of trust and misunderstanding of the reasons for change.
3. A sincere belief that the change is not right for the organisation.
4. Poor ability to cope with change and its effects.

To avoid misconceptions people need to understand fully why they have to make changes and what benefits the change will bring. Problems need to be clarified and discussed openly. Information should be freely available. An individual who thinks they stand to lose more than they gain often lacks trust in those who want the changes. It is quite common for people who are ill-informed to make poor assessments. Information that is subject to interpretation can be equally damaging. It may be difficult to accept that your staff don't trust you but this may be the case. If, however, resistance is based upon a rational well-informed argument it can be very constructive. It should always be tested and not overlooked in haste or misplaced enthusiasm.

Organisational barriers to change

Each organisation has its own set of rules and traditions which can become barriers to change. These need to be identified, understood and overcome before change can be implemented. Take the use of the title 'Doctor'. Many staff use the title in deference to the doctor's 'expert' status. This may be entirely appropriate in front of patients and visitors but is not conducive to encouraging informal discussion about work problems. You may find that you have to give your staff permission to call you by your forename.

Groups that share a common goal and identity are also surrounded by barriers. They create a sense of belonging which provides security, recognition and order. These informal networks can spread ideas and information faster than formal structures but can also inhibit the flow of communications. You will need to get a feel for the assumptions people make about each other, the level of trust between groups and the reasons why misunderstandings happen.

Dealing with resistance

There are no short cuts to dealing with barriers and resistance to change. It takes as much thought, care and sensitivity as it does time. The following is a summary of the skills and techniques that may be useful.

Communication

Communication, e.g. discussion, meetings, memos etc., is essential where resistance seems to spring from lack of information. The main drawback is that finding a mix of the right methods often takes time.

Involvement

Involving your staff at an early stage in the planning process will reduce the level of resistance. Involvement almost always leads to commitment. If you are short of time you may have to compromise on the number of people who can get involved.

Allocating time and resources

Fear of failure, lack of skills or confidence and an inability to cope with change in the short term, can all lead to anxiety, emotional stress and a fall in morale and performance. Providing flexible working conditions, opportunities for training and a sympathetic ear will alleviate these problems and build trust. These methods may be time-consuming or expensive and may fail, but, without doubt, would all provide a solid base from which to go forward with change.

Negotiation and manipulation

You can always negotiate individual incentive agreements by way of compensation. Express your concern, set the limitations of their behaviour, and your offer, and stick to them. You leave yourself open to 'blackmail' if you shift ground. Offering a key role in the design or implementation of the change just to get someone 'on side' is manipulation not participation. No one likes to feel manipulated and if you're found out you may well find that other methods will take longer to work because of a lack of trust.

Coercion

You can always use threats. Generally people will comply. However, imposed change will cause resentment and defiance. People are more likely to spend time trying to prove that the old system was better. Unfortunately if you only have a short time to act you may have no option.

Making change work

It is important to foster positive attitudes to change. New ways of working may improve the efficiency or effectiveness of patient service and/or care.

To smooth the way for change you need to adopt an open exchange of information and ideas to encourage a sound basis for trust.

The way you manage change may depend on the amount of time you have to implement your plans. Whatever your intentions, the vital ingredient is people. Investment in time and training, in any of its forms, plays a key role in staff support and development.

Change can be viewed as progress - a refining or redirecting of activities in the pursuit of excellence. How ready are you?

Effective Staff Communication

Communication is the key to effective communication in general practice

In any leadership or management role you can expect to spend between 35-95% of your time 'communicating'. Whether you are preparing the annual report, considering a computer system, appraising performance, or handling trouble, you will need to supply or collect information.

Communication can take many forms but essentially it is about sending and receiving messages - hopefully the right ones. It is also about building and maintaining relationships. Both of these are vital aspects of staff management and leadership. Communication can, and frequently does, go wrong. Even the simplest message can give the wrong signals if it is open to interpretation.

Getting communications right will benefit your practice by making the best use of your own, and your staffs', time; ensuring that the work being done is what you actually want and need, and providing the team with greater confidence through better understanding.

The message

Whether you are sending or receiving messages you will want accuracy, clarity and, in most cases, brevity. You will need to know why you want to communicate; what message you need to put over; who to send the message to; what response you expect; the deadline for the response, and finally, how you should communicate the message to the person. In any exchange you will be trying to achieve an outcome. It could be an attempt to influence behaviour or attitudes, enhance understanding, seek confirmation of understanding, offer support or elicit information. The most important thing is to be clear in your own mind about your reason for initiating a communication.

Why communicate?

Informing	- Giving information to help decision-making. You use this when you want to enhance understanding.
Instructing	- Prompting people to action. You use this when you want to change behaviour.
Motivating	- Prompting people to action to change behaviour but in a subtler way. You will use this every day to keep your staff happy, confident and heading in the right direction.
Questioning	- Receiving information. You use this when you want to elicit information, check your own, and your staffs', understanding and perceptions of a situation, and check the validity of the information you receive.

The skills

Once you have decided what you want to say and why you want to say it there are three basic groups of skills that you will use which relate to the response or outcome you are anticipating. These are skills of getting information, giving information and managing the feelings and personalities involved. The first two also involve 'feedback skills'. These ensure that the messages from both the initiator and the respondent have been received and understood. In an appraisal interview, for example, this may mean the use of closed questions, with yes/no answers, to confirm that the assessment criteria are acceptable to both parties.

Any situation involving people brings subjective 'baggage' with it and each separate situation has to be managed to cut down the possibility of prejudice or emotion affecting the end result. Trying to put yourself in the place of the person who will receive your communication will help you to assess the attitude they may have and how they may respond. It will also help you to anticipate any potential difficulties. You will need to be honest about your own weaknesses and seek to manage them.

The receiver

The team you work with will have within it very different personalities. As individuals they will respond to communications in different ways. Some people are put off by tables and figures, however persuasive they may seem to you. Others may balk at pages of 'ideas', preferring a more analytical approach to problems supported by data and measurable outcomes. The tone you use is as important as the level of information/instruction/request you include. The points to consider here are what position the person holds in the scheme of things; how the person is likely to react; the language you should use to convey the subject matter, and all of these will be dependent upon whether or not the person is expecting the communication.

People 'types'	
Thinkers	- like facts and figures, logical, rational arguments and order.
Intuitors	- are 'ideas people' who enjoy solving problems in an innovative but are intolerant of data.
Sensors	- are almost always ready to put plans into action, they are 'doers'.
Feelers	- deal in feelings and emotions, ethics and values, a good balance for an otherwise task driven proposition.

The choice of method and tone rests with the person initiating the communication. Taking time out to understand which of these broad 'types' your colleagues and staff are should help you formulate a sympathetic approach. Good communicators spend a lot of time lobbying.

The method

There are many different methods you can use to convey your message. Typically people use a mix of methods to send the message, reinforce it as necessary, and prompt the response. In

addition you may need to consider sending the message, for information only, to a wider group who may need to know the content but who will not be directly involved in the response. Your choice of method will depend on what you want to achieve; who you are sending to, and the nature of the message.

For example, if you are presenting a new idea which may cause anxiety to a few staff members it is unlikely that you would send a brief memo and leave it at that. You are more likely to prepare a briefing paper or a short presentation and a summary report. You will probably lobby for support, seek their views on a one-to-one basis, and use memos to keep people up to date with developments if face-to-face meetings take up too much time. Alternatively a short memo would be adequate if a temporary change in arrangements for cover is the subject of the communication.

Whilst written communications can be used in most cases don't use them as an excuse to avoid talking to people. You get instant feedback, both through verbal and non-verbal response. You can use your skills to generate enthusiasm and motivation to greater effect. The tone of any exchange can be tailored as the conversation progresses. Not least of all it is the fastest way to get things moving.

Methods of communication	
Verbal	Letter
Memo	Briefing group
Briefing document	Presentation
Report	Training
Body language	

Barriers to effective communication

Think back to the last time you received a message which left you confused or indicated that you respond in a way that turned out to be wrong. It should highlight the need for clarity, accuracy and brevity. There are a number of reasons why communications break down or fail to be effective. Spending time on preparation can help you avoid the traps.

The following is a summary:

Muddled messages - You get these if you haven't identified what you want to say and why you want to say it. This is complicated further if you then express it badly.

Misdirected message - If you target the message to the wrong person or through the wrong channels you won't get the right response - if you get one at all.

Wrong 'language' - Using the wrong tone or approach can upset people and their response will be framed accordingly.

Disinformation - This ranges from deliberate ambiguity, plain lies (or even statistics !).

Understanding - People have different perceptions about most things.

Assumptions - Partly to do with assuming you will both understand the message in the same way, but also that the person

with whom you are communicating has the same information/knowledge of the subject as you do.

Poor presentation

- This could be as a result of the wrong choice of method, poor expression, muddled thinking, information overload, bad timing etc.

'Interference'

- This could be as simple as a faulty telephone connection or as complicated as a personal problem.

Before you communicate check that you:

- Are clear about your objective
- Have checked your facts/figures
- Know what response you want and the deadline
- Are happy with your choice of method(s)
- Know who you need to communicate with
- Have considered what the likely attitude will be
- Have given the right amount of information
- Have structured the information for clarity
- Have considered the timing and the tone
- Have avoided jargon, ambiguity, unnecessary detail
- Know how you will follow up

Communication Networks

Effective leaders and managers are mindful of the power of the 'grapevine', or informal networks, that grow within each organisation or company. It can help or hinder the transmission of messages. If you have access to it you can test possible reactions to new ideas, get information faster and squash harmful gossip or rumour. You need only look around your own network to get a feel for how it works. Outsiders very often make use of 'unofficial' networks to collect information. On a formal level your staff may only tell you what you want to hear. If you tap into the 'grapevine' you have more chance of receiving communications that may otherwise pass you by.

Effective staff management is underpinned by good communication. Preparation is the key to accurate, clear and concise communication. The choice of approach is the responsibility of the person who initiates the communication and will include consideration of the objective, the respondent, the anticipated response and the method. Talking to people offers significant advantages. Every organisation has an unofficial network that can be a rich source of information or a formidable opponent.

Recruiting a Manager for you Fundholding Practice

You need to invest time in selecting the right person for your practice

Successful recruiting

Selecting the right people to work together is vital if you want a committed and motivated team. Selecting the right person to manage the team is a critical factor in achieving that goal. Usually recruitment fails because the needs of an organisation are not clearly identified and specified. Most people faced with employing additional staff rely on little more than common sense. However, a structured exercise will ensure a greater chance of a successful appointment. You are making an investment and your approach should be as rigorous as it would be if you were investing in bricks and mortar.

Steps in the recruitment exercise

- * Prepare job description and person specification.
- * Determine source(s) of applicants and method of response.
 - * Organise internal response mechanism.
 - * Organise selection process and procedure.

You need to know four things. What does the job entail? What sort of person could, and would, do this job? Where would you find them? How will you choose the right one?

The job description and person specification

The job description should list the work that will actually be done. It should reflect the relative importance of the manager's contribution to the practice goals. It sets a standard against which both you and the manager can assess performance. It should be as specific as possible. For a management position it is important to be clear about responsibilities and levels of authority, the resources available and reporting and communication procedures.

Main headings of a job description

- * Job title
- * Salary and grade, if appropriate
- * Office location
- * Name of supervisor
- * Number of staff for whom the post is responsible, their grades and job titles.
- * Principal duties, tasks and responsibilities
- * Specific responsibilities for staff, patients, money, facilities, confidential information etc.
 - * Working conditions e.g. hours of work, holiday etc.
 - * Limiting conditions
- * Potential development of the job e.g. training, promotion, practice growth etc.

The person specification is the 'picture' that goes with the job description. What essential knowledge, skills and attitudes would each candidate need to do the job to your satisfaction? What sort of person would 'fit' with the staff? This outline represents your main selection criteria. Once you have determined the essentials, list the other attributes you would like them to have. They come as a 'bonus' and are secondary to the main selection criteria.

Main headings for a person specification

- * Age range
- * Physical qualities, both essential and desirable
- * Qualifications
- * Previous experience
- * General intelligence e.g. good memory, decisive, quick response etc.
- * Interests
- * Attitude eg reliability, self-starter etc.
- * Personal circumstances eg domestic arrangements

Ensure these documents are unambiguous and that you all agree them. You may find that each of your partners is expecting to appoint a completely different type of person to do a completely different job.

Sources for applicants and methods of response

Next consider the cost and timescale of the exercise and the implications of the skill requirements you have specified in the context of the potential market. These are affected by the importance of the post, the urgency of appointing to the post, and the money you are willing to invest in finding the right person. This will help you decide where you should look for applicants. Is the person you are looking for likely to be a part of your network or do you need to cast a wider net? Never make a less considered decision because of time pressure. Never limit your choices by skimping on the budget. Consider employing a temp or a consultant while you complete your planning and preparation.

Decide how people should apply (e.g. application form, C.V.), who their contact will be in the practice and a closing date. An efficient, pleasant response is good for your image and will impress.

Sources of recruits

- * Word of mouth
- * Practice Manager Associations
- * Previous applicants
- * FHSA/Regional Health Authority
- * Employment agencies
- * Registers (Jobcentres etc.)
- * External Advertising (medical, local press, professional magazines etc.)

Selection process

Next consider who will participate in the selection process, how the decision will be made (e.g. consensus, majority vote), and what additional evidence, you require of competence and capability e.g. track record, references, samples of work, psychometric tests.

The interviewing process may involve meeting other members of staff but the interview itself is critical. As a doctor you are well-placed to utilise your diagnostic skills. Remember that interviews involve two-way communication. Your interviewee needs to find out about you and the practice just as much as you need to find out about them. Your aim is to decide on the right person for the job using a set of standard criteria and applying them to each candidate in a fair and reasonable way.

Your choice should be the person who could and would do the job, and not the one you liked best. Everyone takes prejudices into an interview. If you reject an otherwise suitable candidate because there was 'something not quite right' about them, think again. What exactly was it? Are you being fair, and reasonable? Keep records for three months. That is the period within which your decision can be challenged by an unsuccessful candidate. In addition, they could be a useful source of future recruits.

Recruitment should be a considered investment. It needs structured planning and organisation. By being thorough at each stage you will increase your chances of successfully recruiting the right person. Remember that general practice is essentially a 'people business'.

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Your choice should be the person who could and would do the job, and not the one you liked best. Everyone tends to be biased in an interview. If you reject an otherwise suitable candidate because there was 'something not quite right' about them, think again. What exactly was it? Are you being fair and reasonable? Keep records for three months. That is the period within which your decision can be challenged. If you reject a successful candidate, in addition, they

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Recruitment should be a continuous process. It needs structured planning and organisation. By being thorough at each stage you will increase your chances of successfully recruiting the right person. Remember that general practice is essentially a 'people business'.

Team Building - All for one and one for all

An effective practice team is the key to the quality of patient care

It is inevitable that the General Practice of tomorrow will be a very different animal from that of today. Current contractual arrangements put an emphasis on 'the practice' rather than the individual doctor. It is the practice team that will achieve targets, produce reports and establish medical audit. It is the team's performance that will be assessed against other practices and considered against FHSA and RHA guidelines for care. In particular, it is the practice that takes up fundholding - not the individual doctor.

The Benefits of Teams

Adopting a positive outlook and encouraging new ways of working will result in everyone benefiting from the changes, not least the patients. How you go about doing this will depend on your management style. To build an effective team you will need to deal with people with sensitivity and understanding. Your style will emphasise consultation and participation. You will also need to know what motivates each person individually.

Benefits of teams

For Individuals

- Improved job satisfaction
- Improved motivation
- Personal development
- Improved problem-solving
- Improved relationship with group
- Improved relations with management
- Job security
- Improved communication skills
- Acceptance of change

For the practice

- Better quality of service
- Improved staff motivation
- Fewer mistakes
- Reduced costs
- Greater patient service awareness
- Reduced staff turnover
- Effective team work
- Reduced absenteeism
- Positive attitude towards change

Team building

Managing a team is like listening to an orchestra. Sometimes you need to concentrate on the sound created by all of the instruments working in harmony; at other times you are aware of the qualities of tone of the different groups of instruments in counterpoint, and often you are called upon to appreciate the excellence of a solo artist's contribution to the overall performance. The overall task, the group process and function and each individual's

contribution, all have to be considered in team work. Whether you have inherited a team or are considering putting a team together to undertake a specific project the process of team building is continuous.

Five key processes in team building:

1. Managing the work to get the job done.
2. Managing the people to encourage them to maximise their contribution.
3. Managing conflict which could affect the overall performance of the team.
4. Managing your own style to adapt to changing circumstances.
5. Managing contributions so that each different contribution can be used to best effect within the team's overall task.

Teams are not developed by picking a task and assembling a randomly selected group of people to take it on. The membership of the team, their motivations and relationships, are the key to forming and developing a successful team. Whilst there are some tasks that individuals cannot do alone there are others which are more effectively handled by one person. In addition a team will only be able to perform well in an environment that nurtures and supports its existence, however temporary. No one likes to feel that they are spending time on work which is meaningless or undervalued in some way.

These factors; the people; the task, the environment, all affect who participates in the group; the strength and substance of the group's motivation; the leadership style required to channel the effort and direct the activity, and the way the work is organised, assessed and monitored. Ultimately, success will depend on your attitude and commitment to developing the teams.

You must:

- Have common interests with your employees.
- Ensure your staff have a responsibility for planning and problem solving.
- Trust your staff to participate in decision making on issues which affect them.

Factors affecting team performance

Group

Number of people
Characteristics, skills, qualities
Personal objectives and motivations
Stages of Development

Task

Type of project/work
Criteria for success
The importance of the task
How the work is defined

Environment

Working methods
Expectations of outcome/performance/importance
Status of team within practice
Office environment (accommodation, proximity of team members etc.)
Team leader (authority, power and influence of leader within practice)

The Team

To function as a team the people involved need to be able to agree or share common aims, establish a working language and be able to sort out their relationships under the normal circumstances of work pressures including time, conflict, stress and personality clashes. Each team is different because it is made up of different individuals. Any collection of individuals will find it hard to gel as a team if the personalities involved cannot relate to each other, or, more importantly, trust each other and believe that each person has a relevant contribution to make.

It could be argued that the manager's most important task is to choose the right people to work together. Whilst the main objective is to get the job done the selection is based on the basic criteria of 'the best person for the job'. In this case it requires choosing individuals who have the best mix of skills and qualities to do the work. The selection is often a balancing act, compensating strengths and weaknesses, making sensitive decisions about working relationships and matching individuals' skills to the work scheduled in the right proportion

Looking at the skills and qualities of a 'good' team you will see that few people, if any, could have a personality or experience profile that enables them to cover the entire repertoire. It is more likely that some of your staff would be able to cover a number of the points quite adequately. Most people have a set of dominant characteristics that determines what sort of qualities they may have.

Depending on the type of task involved, the timescale and resources available, all of the points on the checklist might be covered by very few people. It is also likely that the person who selects and manages the team is not necessarily the person who leads them.

Skills and qualities of a good team

A team needs people who:

- Are creative AND practical
- Analyse problems effectively
- Get the work finished
- Communicate well with all levels of staff
- Evaluate results systematically
- Have the right technical 'know-how'
- Can organise and control the work flow
- Are sensitive to people's needs
- Can lead the group
- Coordinate and monitor the team's efforts

Like people, teams develop and change all the time mainly because the factors that affect their smooth-running are also changing constantly. In general teams are more resilient than individuals and if managed well can accept, evaluate and shape change to their own advantage.

You need an effective and coherent practice team to deliver the quality of patient care and patient service that will be expected of general practice in the coming years. You need to invest time and effort to develop that team. And you need to invest it now.

Making the most of your Staff

You need to motivate your staff to get the most out of them

Taking the time and trouble to recruit and appoint the best staff available is only part of the challenge of practice management. To get the most from your investment you need to manage your staff effectively. That means encouraging each member of staff to perform to their maximum capability and to the highest possible standard. To do that you will need to know what motivates them.

Understanding Motivation

Why do people work? Having the answer to this question is the key to getting the most out of your staff. People work to fulfil needs. These could be related simply to surviving - needing additional money to get by. However, they could be related to social needs, for example keeping in touch with people and avoiding loneliness. Equally, the needs could relate to personal gain, for example achieving a personal standard or ambition. More often it is a mix of these motivations. This mix can change over their period of employment.

Why do people work?

- money
- keeping in touch
- status
- achievement
- recognition
- promotion
- interest
- responsibility

These needs are fulfilled by the work people choose to do and the rewards they hope to receive. Ideally each job a person undertakes should be tailored to meet their specific needs, however that is hardly practicable. Given the obvious limitations, there are a number of things that the "ideal job" should attempt to offer and you can incorporate into a job description.

Characteristics of the "ideal job"

- uses an individual's skills, knowledge and experience
- offers opportunities for personal and job development
- enables social interaction with other staff
- enables an individual to make a contribution to the practice
- provides a challenge
- offers a variety of tasks
- allows an individual to see job as worthwhile and important
- sets clear goals, objectives and performance criteria
- offers appropriate reward for effort

Effort, Incentive and Reward

Incentives and rewards can be used to increase the amount of effort people put into their job. An incentive should encourage staff to improve their performance. It is a milestone on the journey toward the reward offered for their improved performance. The reward is given in return for achieving the final goal of improved performance. Most people naturally derive some "intrinsic" reward or internal satisfaction from doing their jobs well. However, "extrinsic" rewards, offered by the practice, can work wonders.



Incentives have to be in a form that the individual values and relates directly to what motivates them.

"You handled that patient very well. Thank you for saving a difficult situation"
(individual recognition)

"If you can just finish this section of the report today, you can come in late tomorrow"
(flexible working conditions)

"If we reach 60% of our targets by mid-year, we can upgrade the equipment"
(social)

"If you will accept responsibility for computerising the practice records, we will pay for the management course you want to study" **(individual achievement)**

"If you can get all the records computerised within the year you will deserve promotion" **(recognition, promotion)**

Incentives should be seen as carrots to encourage improved performance. To be most effective, rewards should be given immediately an objective is achieved. That objective should lead to recognisable benefits for both the individual and the practice. What is more, the objectives must be realistic and achievable. There is nothing more demotivating or damaging than offering a much valued reward for a little valued task or tempting a person to attempt the impossible.

Rules for Incentives and Rewards

- Staff must be capable of achieving improvement
- Expectations must be clearly stated
- Objectives must be clearly defined
- Objectives must be measurable
- Resources to do the job must be available
- Timescales must be realistic
- Relevant information must be available

Managing Performance

Once you have an understanding of what motivates your staff you can organise your policies and practices around the main factors that contribute to improved staff performance: objective setting, training, appraisal and feedback mechanisms and practice resources. Your broad objective should be to try to make work interesting, challenging and demanding by:

1. Communicating your expectations of your staff to them individually and as a team.
2. Regularly reviewing and updating practice job descriptions.
3. Setting appropriate performance standards.
4. Regularly reviewing staff progress.
5. Paying the "going rate" for a job.
6. Showing an interest in the work of your staff and their personal lives.
7. Setting an example.
8. Identifying and dealing with problems quickly.

Effective appraisal of staff and feedback to them is essential to pull these elements together. Inevitably a large proportion of your daily routine is spent helping your team work better together and with you. An involved and committed team will take responsibility for their own performance and development. Regular joint progress reviews and open discussion about performance criteria and development needs will encourage this process.

Aims of an Appraisal System

- To improve current performance
- To set new performance criteria and levels
- To assess training and development needs
- To assess future potential and promotion prospects

A good appraisal system focuses on assessing and improving **current** performance. It will identify the strengths and weaknesses of individuals and lay plans to exploit the former and improve the later by resetting objectives and developing individual training plans based on agreed needs. Everyone likes to feel others are taking an interest in them. You collect information about staff subconsciously all the time. What is needed is some formalisation of the process, communication of your views with staff and a commitment to help them improve their performance.

Your staff represent an investment in time, money and trust. By working to understand their motivations and committing to evolve policies which are sympathetic to both the needs of the practice and your staff, you will improve your chances of making the most of that investment.